

Global Fund cuts spell more AIDS deaths, more HIV infections, & rationing life-saving treatment, South Africa's Budget Expenditure Monitoring Forum warns

***NOTE:** *The Budget Expenditure Monitoring Forum [BEMF] is a group of civil society organisations concerned with HIV/AIDS funding in South Africa and the Southern African region. BEMF includes SECTION27, the Treatment Action Campaign, Médecins Sans Frontières South Africa, the Centre for Economic Governance and AIDS in Africa, the Free State AIDS Coalition and World Vision.*

JOHANNESBURG, 25 November –The shock announcement by the Board of the Global Fund to Fight AIDS, TB, and Malaria that financial shortfalls forced the cancellation of its Round 11 of new grants threatens to run back the clock on the gains made in the fight against HIV. The Global Fund financial deficit is primarily the result of donors scaling back commitments, and not releasing already-promised funds. It will have severe repercussions for millions of people who are in urgent need of life-saving anti-retroviral therapy (ART) in Southern Africa.

The Global Fund is the largest multilateral funder of HIV treatment, financing more than 70% of antiretroviral drugs in the developing world and approximately 85% of TB programming in Africa. Canceling an entire round of funding is an unprecedented event in the 10-year history of the Global Fund.

Since Round 11 will not be launched, in countries where programme disruptions are expected, yet-to-be-secured emergency monies are meant to be made available to continue HIV treatment for those already receiving it through a Transitional Funding Mechanism. But critically, in these countries, no new patients will be placed on ART. This is despite the fact that in most Southern African countries, over 30% of those eligible for ART do not have access to it. In some cases, such as Mozambique, up to 70% of those eligible do not have access. In these countries, funding to place new patients on treatment is not expected until 2014-2016.

Today, we call on the Global Fund to immediately give clarity on the programmes to be considered for, and the terms of, the Transitional Funding Mechanism. But more importantly, we call on international donors to immediately and fully fund the Global Fund so that new grants can be made immediately available. Patients cannot afford to wait as donors sit on their hands and watch idly by.

Canceling Round 11 is devastating. With no new patients able to be initiated on treatment in some countries, already unacceptably long treatment wait lists will become even longer. Treatment rationing may also be on the horizon, with doctors having to select patients to give treatment to rather than providing it to all those who seek it. In Southern Africa, we know treatment rationing all too well, having battled for programmes that are robust enough to provide care to all of those who need it. People living with HIV who are in urgent need of life-saving treatment cannot afford to go back to the dark days we experienced years ago.

The Round 11 cancellation comes on top of two consecutive years during which other HIV donors and programmes have scaled back their commitments: many countries already faced treatment shortages before the Global Fund announcement. Funding shortfalls threaten to interrupt treatment for up to 112,8000 patients already on ART in Zimbabwe by 2014. The country is already relying on buffer stocks to cover shortages. Mozambique expects to face shortages of first-line ARVs by the end of 2012. And Swaziland has already had to rely on emergency funding from PEPFAR to help supply first-line ARVs through April 2012.

How will these countries, already in dire straits, be able to cope with further funding cuts?

Funding shortfalls has also meant that despite commendable efforts to scale-up HIV programmes across Southern Africa, some countries have been unable to fully implement the most recent World Health Organization HIV guidelines. These guidelines call for earlier ART initiation at CD4 350 and with better first-line drugs. Earlier ART is more important now than ever given landmark scientific evidence released this year which showed that HIV treatment not only saves lives but also prevents new infections. This proves that we can end AIDS if we place more people on HIV treatment earlier. Countries such as Malawi, Mozambique, and Zimbabwe have all aimed to provide earlier and better treatment, but financial constraints have thwarted this. While science tells us that we can head off the HIV epidemic by scaling up treatment to save lives and prevent new infections, instead we find ourselves doomed to perpetually play catch-up with the epidemic without robustly-funded programmes.

The international community must recognise that we are at a critical crossroads: we either use the science, tools, and policies already at our disposal to save lives and prevent new infections; or see the hard-fought gains of the last decade lost. It is criminal that at the time when we can truly make an impact on the epidemic by ensuring that more people are placed on treatment, we are instead witnessing a massive funding retreat which threatens to push us back by years.

A press conference concerning the implications of the cancellation of Round 11 for Southern Africa will take place on Monday, November 28 at 12h00 at Jorrisen Room, Orion Hotel Devonshire, Cnr Jorrisen & Melle Street, Johannesburg. Speakers from SECTION27, the Treatment Action Campaign, MSF, and civil society representatives from Swaziland and Malawi will be present. For more information, please contact Kate Ribet at kate.ribet@joburg.msf.org or 079 872 2950.